

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REEXAMINATION - PATENT OWNER
POWER OF ATTORNEY OR
REVOCATION OF POWER OF ATTORNEY
WITH A NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Control Number(s)	90/011,874
Filing Date(s)	August 23, 2011
First Named Inventor	Philip G. Clark
Title	Troughing Idlers For Belt Conveyors
Patent Number	6,044,965
Examiner Name	Joseph A. Dillon Jr.
Attorney Docket No(s)	16059-400003

I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).

☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

28,997

OR☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed **only** if they are merged proceedings) to be:☒ The address associated with the above-mentioned Customer Number.**OR**☐ The address associated with Customer Number:**OR**☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Inventor, having ownership of the patent being reexamined.**OR**☒ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature

Date

Name

Telephone

Title and Company

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.